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ABSTRACT

A guide is presented for the purpose of providing a simple, basic outline for program development of inservice education for nursing personnel who care for the chronically ill and aged in extended care facilities. The following topics are included: (1) inservice education defined, (2) responsibility for inservice education, (3) educational philosophy, (4) objectives, (5) educational principles, (6) program planning, (7) initiation of course, development of course, and development of instructional material, (8) an outline comparison of some methods of instruction, and (9) program evaluation. (CK)

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INSTRUCTION IN EDUCATION FOR NURSING PERSONNEL IN NURSING HOMES

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A PUBLICATION OF THE WESTERN CENTER
FOR CONTINUING EDUCATION
IN ADMINISTRATION OF HEALTH CARE FACILITIES

A GUIDE TO INSERVICE EDUCATION FOR NURSING PERSONNEL IN NURSING HOMES

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The Western Center develops and conducts university-based courses, seminars and special conferences for the administrative and professional staff of health care institutions throughout the eleven western states, including Alaska and Hawaii. The Center further provides consulting services to government agencies, universities and professional associations within the health care community who wish to develop continuing education programs.

Thomas C. McIndoe, Director

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INTRODUCTION

Currently there is recognition of the need for better prepared nursing personnel to provide good nursing care to the chronically ill and aging patients in extended care facilities. Improvement of nursing care in this field depends not only upon basic preservice instructional programs but more importantly upon inservice education programs which provide opportunities to increase knowledge, improve skills, and develop a deeper understanding of patients and their needs.

Inservice education is a significant component of staff development and needs the enthusiastic support of management and all personnel. It requires sound planning, defining needs, formulating objectives, enlisting personnel for participation, developing instructional materials, and preparing instruction manuals. As an aid in the development of a program, this Guide is offered to administrative nursing personnel who hold the responsibility for nursing staff development.

While it is recognized that details of program content will vary according to individual needs, interests, approaches, and attitudes toward the entire field of inservice education, the objective of the Guide is to provide a simple, yet basic outline for program development.

The principles and procedures are not limited to any one type of instruction and can be applied to any segment of the program: orienting new employees; on-the-job skill training; continuing education; and leadership development.

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INSERVICE EDUCATION DEFINED

Often overlooked is the fact that inservice "learning" takes place in any employment situation. If not planned for, controlled, and guided, inservice "learning" can result in poor working habits, acquisition of inaccurate or misinterpreted information, and attitudes and behavior which may, in time, become detrimental not only to the employee and employer, but to patients as well. The question then becomes not one of "can an employer afford to have an inservice program," but one of "can an employer afford not to have one."

Inservice education holds a prominent place in the triad of activities, along with selection and assignment, and supervision and evaluation, which forms the base for staff development. It is an on-going process which assists an employee to function at her highest level of capacity. It provides a means for the realization of personal as well as job goals through self improvement, job satisfaction, and the opportunity to make a maximum contribution toward the improvement of patient care.

There is general agreement that inservice education consists of four main program areas, i.e., orientation, skill training, continuing education, and leadership and management development. These areas are explored in other sections of the guide.

A STATEMENT OF RESPONSIBILITIES

Although the overall responsibility for inservice programs rests with top management, the nursing director works with the administrator in developing inservice education for nursing personnel. Each has managerial responsibilities in analyzing what needs to be done, how to do it, and planning for action.

Certain agreements must first be reached relating to policy. For example:

Will attendance be voluntary or compulsory?

Will meetings be held during working hours?

Will employees be compensated either in time or wages for attendance at meetings during off-duty hours?

Will recognition be given to employees who regularly attend meetings?

Sharing the responsibility for inservice education are supervisors, head nurses, and other members of the nursing staff. Supervisory personnel promote acceptance and staff support, identify learning needs, and provide continuity of learning experience through supervising practice, demonstrating skills, conducting case conferences, evaluating performance, and individual counseling. Individual members of the staff have the responsibility for cooperating with administrative nursing personnel during the planning stages by recognizing and giving serious thought to their learning needs, making these needs known to immediate supervisors, and voicing opinions and beliefs which may contribute to the philosophy and objectives of the program. They are also responsible for supporting the program through regular attendance at planned meetings, participating in discussion, relating learning experience to job requirements, and applying knowledge gained to job practice.

A STATEMENT OF PHILOSOPHY

The philosophy held by administrative personnel toward inservice education permeates every aspect of a program. This philosophy should be carefully defined, understood, and accepted as part of administrative policy. It may be expressed in terms of premises, beliefs, tenets, or convictions. For example, the inservice education program might be based on the following:

A conviction that improvement in quality of nursing care is principally brought about through nursing staff development.

A belief that administrative personnel have an obligation to provide opportunities for staff to acquire and improve skills, knowledge, and competencies.

A premise that every member of the staff willingly assumes responsibility for giving good nursing care and for seeking opportunities to improve their abilities.

A belief that all nursing personnel strive for success in their jobs.

A conviction that every member of the staff has a potential for personal growth and the capacity to learn and develop improved job effectiveness and efficiency.

OBJECTIVES OR GOALS

The formulation of objectives is important in giving direction to the inservice program, setting the course of action, and in defining the end results expected. The tools of the educational program should contribute to the goals of the nursing service and of the facility as well.

Goals of inservice education can be either long-range or short-range. Long-range goals are usually concerned with a continuous assessment of staff needs in relation to patient care and changing patterns of patient care, forecasting future needs, and planning for methods to meet them.

Short-range goals are more related to the defined components of orientation, skill training, or segments of continuous education. For example, goals may be established to provide opportunities which help each member of the staff:

To adjust to the new environment.

To understand her role as a member of the staff and of the organization, its purposes, and especially the objectives of the nursing service.

To develop skills, attitudes and behavior patterns through which she can make a maximum contribution to good nursing care of the patients.

Goals may also be set for a specific area, as for example, a training course to develop a particular skill. Objectives in this instance might be stated in terms of:

Standardizing methods and procedures.
Improving quality and efficiency.
Increasing productive work.
Improving morale.
Reducing staff turnover.
Reducing accidents and injuries.
Lowering equipment and maintenance costs.

EDUCATIONAL PRINCIPLES

Education or training is a process through which behavior patterns are changed, and people are guided to think, feel, and do things in the "right" way to reach objectives. These may be acquiring skills or knowledge, solving problems, handling people, or changing attitudes. Many times people learn by themselves without instruction. For example, a nursing aide may watch another aide making a bed; she may try it out on her own with some degree of success or failure; or she may read a text or look at diagrams on how to do it. Even though the goal may be reached, much time and effort can be expended in these unorganized activities. Goals are reached more quickly and efficiently when learning takes place in an orderly way provided through training programs based on sound educational principles. Some of these principles include:

Basic Principles of Learning

Each individual employee:

Learns by doing.

Tell her how to do it, show her how to do it, have her do it.

Learns when ready to learn.

Arouse her curiosity, make the learning meaningful, help her see the value to herself, and provide a good learning atmosphere.

Connects new learning to what is already known.

Previous learning provides a foundation on which to build new learning and experience. If this foundation is faulty with incorrect information, misinformation, and poor work habits, it may need to be rebuilt.

Learns one thing at a time.

Although it may seem that the employee learns several things at once, actually learning proceeds one step at a time dealing with each new thing to master.

Must understand what is learned.

Words, phrases, and other materials can be memorized. Skills which apply to a specific situation can be acquired. But unless the employee knows the meaning of words and understands the meaning of the underlying principles involved, she is unable to apply the learning in new and different situations.

Learns faster when the results are satisfying.

Motivation to learn must be maintained. When progress is made, the employee is motivated to go on. When progress is blocked, the learning process is slowed or the employee may become frustrated and quit.

Develops through practice.

When skills are first practiced, each step involved must be remembered, thought through and carried out. For example, when learning to drive a car, each step is recalled individually, but with practice they become automatic and a habit has been developed. It is essential that the employee begins in the "right" way to prevent faulty habits from developing.

Varies in skills, abilities, and background, and learns at different rates.

People have great differences in past experiences, motives, inherent abilities, and attitudes which influence the rate with which they learn. These individual differences should be given consideration in the learning situation.

Basic Principles of Teaching

Those who give instruction to others should:

Determine and clearly define goals to be reached through instruction.

Establish standards of accomplishment for the trainee.

Utilize teaching methods with relation to the established goals.

Adapt instruction to meet individual needs.

Select a setting with good learning conditions.

Motivate trainees to want to learn.

Present material one step at a time and relate it to what the trainees already know.

Assist the trainees to think through problems and situations.

Provide for repetition to further clarify material and improve skill.

Follow through to assure that trainees have acquired skills, knowledge, and understanding for practice.

Re-teach if there is evidence of weakness in areas of trainee's learning.

PLANNING THE PROGRAM

To be effective, an inservice program should be tailored for the personnel in the individual facility. Each nursing director should assess and define the learning needs of the staff in order to determine the areas and subjects to be covered, to select and plan the learning methods, and to establish priorities.

Various methods may be used to determine general areas of learning needs, for example:

Record review and examination

Individual personnel records: educational background; previous work experience; educational courses attended since employment; safety record; absentee and illness record.

Reports and comments received from: administrative and supervisory personnel; patients; families; and other personnel.

Individual job performance evaluations.

Observation and operation analysis of potential problem areas

Work situation: uneven flow of work; below established standards -- both as to quantity and quality; poor work habits.

Work patterns and behavior: lack of cooperation; unwillingness to share; resistance to change; sensitiveness to failure; failure to follow directions.

Opinion polls, questionnaires and interviews

Interviews with new employees.

"Exit" interviews with terminating employees.

Elicit opinions and interests of the staff.

Forecasting

New methods, procedures, and equipment.

One method for analyzing learning needs of the staff is through the development and use of a skill inventory.[1] The inventory may include not only manual skills necessary to carry out functions but also behavioral skills, communication skills, and others. Skills may be listed in simple terms of "knowing how to" and "doing." Cross-sectio... with this list is the personnel roster of one level of workers, e.g., nurses' aides. Each worker is rated on the skill through use of a coding system, e.g., 1 = performs adequately; 2 = needs improvement; and 3 = full training required.

Skill Inventory
(Example)

Skills	Personnel					
	Clara Smith	Mary Blake	Jane Carson	Peggy Brown	Betty Somer	Alice Masters
Answer patient call signal	1	1	2	1	1	3
Bathe bed patient	1	1	2	1	1	1
Transfer patient from bed to chair	3	2	3	2	2	3
Record observations & care of patient	3	1	2	1	2	3
Care of equipment and supplies	1	1	1	1	1	1
Position patient in bed	2	2	3	1	3	3
Answer telephone	2	1	2	1	2	2
Range of motion technique	3	3	3	2	3	3
Participate in staff meeting	1	1	2	3	2	2

[1] For a complete discussion of skill inventories see Miller, Mary Annice, *Inservice Education for Hospital Nursing Personnel*, National League for Nursing, New York, N.Y., 1958.

From analysis of this inventory (which lists a limited number of examples of skills), it is obvious that learning needs are not in the area of "how to" handle and care for equipment and supplies. It does show, however, real learning needs for rehabilitation nursing care and techniques. It also shows a need for learning "how to" improve recording on patient records. And finally, there is an indication of need for improving communication skills and public relations.

WHERE TO BEGIN

Assessment of staff and service needs should be the basis for decision in selecting orientation, skill training, continuing education, or leadership development as a starting point.

Orientation

Where personnel records show a high staff turnover, general breakdown in effecting personnel policies, together with evidence of lowered morale, there is indication for the initiation of an organized orientation program. Unfortunately, orientation is often the stopping point rather than the starting point. On the other hand, when it is included as one component of a total inservice program, orientation provides the "off to a good start" aspect so essential to employee job satisfaction, security, stability and efficient performance.

Keeping in mind that most new employees have rather neutral attitudes and limited knowledge of the new work situation, that they are fearful, confused, and insecure, the orientation content should include:

What they must know --

Where, when, and to whom to report for work.

Rules and regulations (uniforms, etc.).

Wages -- amount and when paid.

Payroll deductions -- for what purpose.

Work shifts, days off.

Lunch and coffee breaks -- when and where.

How to do the job.

What they want to know --

Employee benefits -- vacations, sick leave, insurance.

Wage increases and opportunities to advance.

How work is evaluated and by whom.

Employee privileges (phone calls, etc.).

Co-workers -- classifications and numbers.

Patients -- types, conditions, and case loads.

What the employer wants them to know --

History of the organization.

Importance of the facility in the community.

Significance of the employee's contribution to, and responsibility for good patient care.

Public relations aspects of the employee's work.

Management operation and administrative policy, the nature of and reasons for policies from management viewpoint.

Lines of administrative authority.

Personnel policies, including hiring, firing, layoffs, and grievances procedures.

Skill Training

Skill training is often part of and integrated into an orientation program particularly for new employees with limited previous experience. This training answers the need of "how to do the job." It not only involves learning manual skills necessary to performing the job but also the behavioral and communicative skills. Manual or technical skill is required to transfer a patient from bed to chair, but just as important are the human relations and

communication skills necessary to help the patient understand what is being done and why.

Skill training programs are essential for existing staff prior to the introduction of new methods and procedures, new equipment, new drugs, or addition of new services. Unless the staff had been prepared through a special skill training program, a facility which previously did not accept emphysema patients might find it difficult to provide good nursing care to these patients, should the admission policy be changed.

Continuing Education

It is in the area of continuing education that programs are designed and developed with the interests of the staff as a guide. Through the staff's expressed desire to gain additional knowledge and experience, programs may be arranged to motivate staff toward examination of current practice and exploration of newer and improved methods of nursing care. Continuing education also allows for the utilization of community resources in bringing to the staff the knowledge of specialty areas.

Subjects which might be covered by community agency representatives could include: heart diseases, cancer, chest diseases, communicable diseases, arthritis, sociological aspects of aging, social needs of the patient, mental health, disaster and mass casualty planning, and others.[2]

Interests of the staff must be stimulated, elicited, and guided so that programs are developed which relate to nursing service in the facility. For example, an expressed interest by a few members of the staff for knowledge of current treatment of diarrhea of the newborn would hardly seem an appropriate subject in a nursing home.

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[2] Miller, Mary Annice. *Sources for Assistance in Inservice Education.* Department of Hospital Nursing, NLN Code #20-688. New York, National League for Nursing, 1962.

Leadership Development

Nursing supervisors and other administrative personnel are in a position to recognize leadership potential in staff members. Leadership qualities are not necessarily related to levels of employment positions, and leadership is "practiced" in all group relationships whether or not it is recognized. Potential leaders should be selected and given an opportunity to develop these qualities. It is entirely possible that a nursing aide who has a warm personality, inspires confidence in her peers, shows initiative, uses good judgment, makes decisions, and is motivated to gain additional knowledge, could, with recognition, guidance, and professional education become a nurse leader in the future. Or nursing aides who display these qualities, might, with encouragement, instruction, and supervision, be of great value as "instructor aides," or as "aide team leaders."

DEVELOPING THE COURSE OF STUDY

Once learning needs have been identified, objectives defined, and priorities established, a course outline and content can be developed for the selected subject of study or field of practice in which they will be used (e.g., techniques and skills of rehabilitation nursing).

Course outlines may be worked out in a variety of ways. There are numerous textbooks and publications containing specific subject course outlines which can be used in whole or in part. However, in using course outlines which have been prepared and used elsewhere, it must be kept in mind that conditions under which they were used may have been different from those for which the present course is being designed. These outlines though, are useful in providing a guide for content and to check for inclusion of material to satisfy the current need.

Another approach is through an analysis procedure of looking at the selected field for which the course is intended, making a breakdown of component parts, and studying each specific part to determine its inclusion in the course. This process can be accomplished by an individual or by a group of people familiar with the field.

Still another method is observing others, expert in teaching practice. If possible, time spent with inservice educators in other facilities and agencies should prove to be very rewarding.

Whatever the approach or method used, certain steps will need to be taken before the course is finally prepared. Among these steps are the following:

Set broad limits for the course content.

In broad terms state clearly what the course will cover, and define limitations. For example, a proposed course may be in the field of Rehabilitation Nursing Care to include evaluation of patient care needs, nursing care plans to meet these needs, and measures to

restore the patient to his fullest potential of independent functioning.

List all pertinent topics and items, not necessarily in order, which might be included in the content.

The items may be compiled from recall of past experience in the field, suggestions of the staff, review of current literature, and from courses given elsewhere. In the cited example, items would include, for example:

- Appraisal of the patient's condition.
- Positioning of the bed patient.
- Footboards.
- Types of wheelchairs.
- Skin care.
- External catheters.
- Anatomy and physiology of urinary and intestinal tracts.
- Transfer techniques.
- Nursing care plans.
- Prevention of pressure sores.
- Measuring fluid intake and output.

From the mass of heterogeneous items, classify them into groups from which categories may be set up.

For example, from the above items, it can readily be seen that anatomy and physiology of the urinary and intestinal tracts, measuring fluid intake and output, and external catheters can be grouped (along with items not listed) to form a category of the course outline, i.e., bowel and bladder management of the incontinent patient.

Arrange the groups of items in logical sequence to form the outline.

Review and study of the items at this point may point up duplications, omissions, and possibly the desirability of deletion of some. Selection of topics should take into account the background of the trainees, importance to the subject, and practicality of use. For example, it might be interesting for the

trainees to hear about diseases of the kidneys, but it is hardly essential to acquiring the knowledge and skills involved in a bladder training program.

Select and separate items into teaching units.

The course should ultimately consist of a series of units. A teaching unit may include one or more items in a group, depending upon the learning results expected, method of instruction, instructional setting, and other factors. For example, the item "positioning the bed patient" will probably require a discussion of principles involved, a special instructional setting, equipment, demonstrations by trainees, evaluations and corrections, and practice. This one item could possibly comprise an instructional unit in the course as compared to the item "measuring fluid intake and output" which can be combined with other items to form a unit.

DEVELOPING INSTRUCTIONAL MATERIAL

Following preparation of the course of study, the types of instructional material to be used must be determined. Generally, there are two broad groups of materials: those for the trainee, and those for the instructor.

Trainee materials usually consist of:

A job, duty, or task sheet which tells the trainee what to do, specific steps to follow, and in what sequence. It may also state reasons why the task is to be carried out. Items of materials, equipment and supplies to do the job are listed, and "how" to do it.

A procedure sheet which shows the trainee how to do the job, and which supplements the job sheet by showing how each step is to be carried out. It may contain drawings, photographs and other illustrations which demonstrate how to perform the task.

An information sheet which provides information to help the trainee understand the basic principles related to the job, the processes involved, and other material. It furnishes the why of the task.

An assignment sheet which furnishes a study guide for the trainee. It includes sources of reference material, where they may be obtained, and specific page numbers to be read.

A test sheet with questions to be answered or problems to be solved[3]

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[3] *Test Reservoir for Aide Instructors in Nursing.* Evaluation Service, National League for Nursing. New York, National League for Nursing, 1965.

Instructor materials include:

Methods for developing skill and knowledge for each training unit: lecture, demonstration, discussion groups, role-playing, problem solving, or case study.

Lesson plans for each unit outlining the points to be covered, listing the materials required, methods for motivating trainees, suggested assignments, and items to check in determining the trainee's progress.

Teaching aids, including models, graphs, charts, films, film strips, and exhibits.

Training-aid guides which summarize content of films, film strips, tape recordings and other aids. It may also list points to highlight, and a "test" covering the content, together with the correct answers.

Work assignments for trainees designed to reinforce the learning process in each unit.

Oral and written examinations to evaluate the trainee's overall progress.

Records and reports, including schedules, roster of attendees, skill inventories and individual trainee records which reflect progress or lack of progress.

AN OUTLINE COMPARISON OF SOME METHODS OF INSTRUCTION

Lecture Method -- a directive method from lecturer to student.

Advantages:

Saves time -- material is organized and prepared in advance.

Allows for a larger group of students.

Advance preparation allows for a logical and smooth flow of ideas and presentation.

No specialized equipment required.

Capitalizes on expert knowledge of the instructor.

Disadvantages:

Lack of communication -- no feedback.

Knowledge of group members not utilized.

Influence of instructor's opinions or prejudices.

Controlled Group Discussion Method -- the group participates with the leader in control but not dominating the discussion. The leader's ideas are not used to influence the group.

Advantages:

Interest easily aroused and held.

Learning process is facilitated.

Knowledge of group members is shared.

Disadvantages:

Limited size of group.

Conference room arrangement required.

Some knowledge of the subject is required of all.

Greater amount of time required.

Role Playing -- participants act out assigned roles in given situations.

Advantages:

An effective learning technique if the given situation simulates a realistic one.

Interest easily aroused and held.

Reasonable time factor.

Disadvantages:

Demands skillful leadership.

Situations must be carefully selected and developed.

Group members must be "conditioned" and prepared for participation.

Individual Instruction Method -- instructor works with one person at a time.

Advantages:

Maximizes the instructor's effect on the student.

Allows concentration on areas of needs.

No special training facilities required.

Minimizes student time in learning.

Disadvantages:

Extremely costly in instructor time.

Restriction of numbers of students who can be instructed.

EVALUATING THE PROGRAM

Employee reactions to what is observed, experienced and practiced is an on-going process in the work environment, and particularly in a learning situation. When judgmental reactions are anticipated, encouraged, and planned for, they become an important phase of the overall evaluation process.

Planning for evaluation of an inservice education program should not be delayed until a specific unit or segment of the program is completed, but should be included as part of the initial planning and integrated into the total program. The stated objectives or goals of the program, based on learning needs, become the pattern for direction of evaluation.

In formalizing the evaluation process, certain aspects need consideration in terms of an orderly approach. For example:

The purposes of evaluation --

To determine the progress of the employee, growth in competence, ability to apply acquired knowledge and skills in patient care, and changes in attitudes and behavior.

To determine the effectiveness of the program with respect to established goals, both long-range and short-range.

To identify gaps and weaknesses in the present program, identify other learning needs, and provide a base for future planning.

To compare different methods of teaching. For example, in terms of results, the lecture method may be compared to group discussion or case conference methods in order to determine the effectiveness of the method.

To provide a sound justification of the program as reflected in greater efficiency, higher quality of patient care, reduced staff turnover, improved morale, and other identifiable evidence.

The procedures of evaluation --

Refer to the specific objectives of the particular program to know exactly what is being measured. When objectives are well defined and clearly stated, the results of an inservice program should be measurable. As an example, a stated objective for a Rehabilitation Nursing Care program might be to provide the employee with knowledge and skills necessary to safe practice for herself and the patient. Measurable evidence would include a reduction in accidents (back strains, slips, falls) and workmen's compensation claims, and decreased absenteeism.

Determine appropriate measuring methods and techniques. These may vary with the nature of the objectives, available time, and available data. They may include:

Performance measures --

- Improved patient care.
- Increased efficiency in handling workload.
- Reduced absenteeism and tardiness.
- Reduced staff turnover.
- Decreased cost of supplies and equipment maintenance.

Response and reaction measures --

- Tests of knowledge, skills, attitudes, and understanding.
- Questionnaires for participants' appraisal of program.
- Opinionnaires.
- Job performance evaluations.

Interview measures --

Interviews with supervisors.
Interviews with other staff.
Interviews with patients and families.

Observational measures --

Observation during learning experience of participation, attendance, attitudes and behavior.

Followup observation of practice.

Collect the data -- the administration of the measuring technique.

Analyze and interpret the results.

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